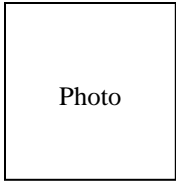


Hamilton School District  
**HEALTH CARE PLAN – FOOD ALLERGY**  
 20\_\_ -20\_\_ School Year



Student Name	Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female
Allergy to:	
School	Grade
Parents' Names	
Home Address	
<b>Phone Numbers</b>	
Home	Dad Work
Mom Work	Dad Cell
Mom Cell	Email

Physician	Phone	Fax
-----------	-------	-----

Emergency Contact (If parents can't be reached)	Relationship	Phone

Check all that apply. This student may have a reaction to this food when:

- it is ingested    it is touched    its odor is present.

Asthma: Yes  (Higher risk for a severe reaction)   No

History of Anaphylaxis: Yes    No

**► SIGNS OF AN ALLERGIC REACTION ◀**

Please indicate the symptoms that have been experienced during past allergic reactions

Systems:

- Mouth
- Throat §
- Skin
- Gut
- Lung §
- Heart §

Symptoms:

- Itching and swelling of the lips, tongue or mouth
- Tight, hoarse, trouble breathing / swallowing
- Hives, itchy rash and/or swelling about the face or extremities
- Nausea, abdominal cramps, vomiting and/or diarrhea
- Short of breath, wheeze, repetitive cough
- Pale, blue, faint, weak pulse, dizzy, confused

**§ = Potentially life-threatening**

**The severity of symptoms can change quickly. It is important that treatment be given immediately.**

**► ACTION FOR MINOR REACTION ◀**

1. If symptom(s) are: Itchy mouth, itchy/runny nose, sneezing, A few hives around face/mouth, mild itch, or mild nausea/discomfort Give: (medication / dose/route)	
<ul style="list-style-type: none"> <li>• Stay with student, call parents and monitor for progression of symptoms</li> </ul>	
2. Then call:	
<ul style="list-style-type: none"> <li>• Mother</li> <li>• Emergency Contacts</li> <li>• Dr</li> </ul>	Father   at

**(If condition does not improve within 10 minutes, follow steps for Major Reaction below)**

▶ **ACTION FOR MAJOR REACTION** ◀

1. If ingestion is suspected and/or symptom(s) are:

**One or more of the following-** Shortness of breath, wheeze, repetitive cough, pale, blue, faint or weak pulse, dizzy or confused, trouble breathing or swallowing, swelling of tongue and/or lips, many hives over body, repetitive vomiting or severe diarrhea

**OR**

**Combination of symptoms from different body areas:** Hives, itchy rashes, swelling (i.e eyes, lips), vomiting, diarrhea, crampy pain

Give: (medication / dose/route)

2. Then call

- 911 –
- Mother Father
- Emergency Contacts
- Dr at

**SPECIFIC ACTIONS TO FOLLOW IN ADDITION TO ABOVE:**

- 
- 
- 

**\*\*DO NOT HESITATE TO CALL 911\*\***

**Other Health Concerns (e.g. asthma)**

- 
- 
- 
- 

*I have read and approve of this Health Care Plan. Information on this plan will be shared with school staff who need to know of 's medical condition in order to assist in maintaining a safe school day/environment for*

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date

